

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P29317**

1. Corporation Name

CHESTER ENGINEERS, INC.

Principal Place of Business

**% CHERRINGTON CORPORATE CENTER
600 CLUBHOUSE DR.
CORAOPOLIS PA 15108
US**

Mailing Address

**40-004 COOK STREET
PALM DESERT CA 92211
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

3. Date Incorporated or Qualified

05/14/1990

4. FEI Number

25-1200213

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both; in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PVPS** ☒ DELETE
NAME **GEORGINO, DAMIANC**
STREET ADDRESS **40-004 COOK STREET**
CITY-ST-ZIP **PALM DESERT CA 92211**

TITLE **CEO** ☒ DELETE
NAME **LISANTI, ANTHONY F.**
STREET ADDRESS **315 MAPLE LANE**
CITY-ST-ZIP **SEWICKLEY PA**

TITLE **DVPC** ☐ DELETE
NAME **SPENCE, KEVIN L**
STREET ADDRESS **40-004 COOK STREET**
CITY-ST-ZIP **PALM DESERT CA 92211**

TITLE **D** ☐ DELETE
NAME **STARK, MICHAEL**
STREET ADDRESS **5730 GARDEN PT DRIVE**
CITY-ST-ZIP **KINGWOOD TX 77345**

TITLE **P** ☐ DELETE
NAME **LUCEY, JOHN T JR**
STREET ADDRESS **212 ST LEONARD'S LN**
CITY-ST-ZIP **CRANBERRY TWP PA**

TITLE **AS** ☐ DELETE
NAME **GOSSIN, AMY G**
STREET ADDRESS **40-004 COOK STREET**
CITY-ST-ZIP **PALM DESERT CA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D, VP, S** ☐ Change ☒ Addition
1.2 NAME **Stephen P. Stanczak**
1.3 STREET ADDRESS **40-004 COOK St.**
1.4 CITY-ST-ZIP **Palm Desert, CA 92211**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99
Date

414-521-8504
Daytime Phone #

CR2F034 (11/98)